



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	North County Cork 6
Name of provider:	Horizons
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2025
Centre ID:	OSV-0008754
Fieldwork ID:	MON-0043700

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

North County Cork 6 is a detached bungalow located in a rural area but within a short driving distance to a nearby village. It provides a full-time residential service for up to three female residents, over the age of 18 years with intellectual disabilities and/or autism. Each resident in the centre has their own bedroom and other rooms provided include, a living room, a sun room, a dining/kitchen and bathrooms. The centre also comprises of an external shed with kitchenette. The staff team is comprised of a person in charge and health care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 January 2025	10:00hrs to 16:50hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was a short-term announced inspection completed in the designated centre North County Cork 6. The residents living in North County Cork 6 had previously lived in different designated centres with the same registered provider. This was the first inspection completed since the centre was registered in May 2024. The residents had moved into their new home in September 2024. Since moving into the centre, the residents had been supported in the transition process, and to grow links in the local and wider community. From what the inspector observed and from speaking with the residents, staff and management in North County Cork 6, it was evident that the residents who lived in this centre received a good quality service which met their individual needs, likes and preferences.

In this designated centre a full-time residential service is provided for up to three adults and at the time of the inspection two adults resided here. The centre comprised of a bungalow in a rural setting, located in driving distance to a nearby village. The centre also had an external garage which comprised of a shed for storage, a kitchenette and a toilet. The inspector was greeted by a member of staff on arrival and shortly after the person in charge and the second member of staff on duty. One resident had left earlier that morning to attend their day service, while the other resident was being supported by staff to get ready for the day ahead. The person in charge began to show the inspector the centre and the inspector was very impressed by the residents' home and garden. The residents' home was homely, spotlessly clean, well decorated and furnished throughout. The residents had a large accessible outdoor space/garden.

The inspector met with one resident after they had had their breakfast and the resident appeared to be very happy and very welcoming. The staff members on duty were able to assist the inspector in understanding the resident. They were getting ready to attend a music class that morning in a day service nearby. Staff informed the inspector how the resident can access different activities and classes in a nearby day service which is run by the provider. The activities/classes completed are chosen by the resident in accordance with their likes and preferences.

Later in the afternoon, the second resident return to the centre. The inspector noted how staff and management were attentive to the needs of the resident. The resident had requested to return to the designated centre from their day service earlier than planned on the day of the inspection. The staff in the centre immediately organised this for the resident. The person in charge discussed with the inspector how this can be facilitated for the resident when they request. As the inspector presence may have caused upset to a resident on return to their home, the inspector relocated to the kitchenette to review some documentation. Once the resident returned, the person in charge supported the resident to be introduced to the inspector. The resident appeared happy to meet the inspector, and told them about their day. The resident spoke about the lunch they enjoyed, their day centre activities and plans for the week, which included doing some food shopping and

going for a walk that evening. The resident and person in charge spoke about how the resident likes to visit family located close by.

In summary the residents were very involved in the running of their own home and were supported to be active decision makers. The residents in the designated centre appeared happy and had settled well into their new home. They were treated with respect by staff and were supported in a person-centred manner.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This centre demonstrated a good standard of care delivery and governance with evidence of audits and monitoring by the person in charge. The centre was well resourced and the provider had arrangements in place to ensure that the residents have a good quality of life and felt safe in their home.

The provider had a clearly defined management structure in place which defined the lines of authority and accountability. The person in charge reported to the person participating in management and there were effective arrangements for them to communicate with each other. The person in charge had a clear understanding of the service provided and demonstrated effective governance and management of the centre as per their role and responsibilities. The person in charge ensured regular audits of the centre were taking place, such as management of finances, cleaning audit, staff training, rights restrictions and legionella control audit. A schedule was in place for quarterly staff team meetings, one of which had taken place since the centre had opened in September 2024. The person in charge had regular fortnightly meetings with the person participating in management via person in charge meetings/forums. The provider had ensured an unannounced visits to the centre. This was completed as required by the regulations in November 2024.

There was a committed, qualified and experienced person in charge in place who ensured that the staff team were supported in meeting the assessed needs of the residents. The staff were responsive and knowledgeable regarding the aspects of care and support for the residents. As mentioned earlier in the report, during the inspection the residents day centre phoned that the resident requested to return to the designated centre earlier than planned that day, the staff immediately made arrangements to support this resident. One staff was also seen to support a resident with their shoe lace and staff were also overheard by the inspector offering residents support and choice in their day. The person in charge was seen to have positive interactions with both the staff on duty and the residents. The person in charge had a remit of two designated centres. On the day of the inspection the

residents were observed to be relaxed and engaged with the staff and management.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. Some minor aspects of this required review in relation to the person in charge whole time equivalent. This was reviewed and amended on the day of the inspection and reviewed by the inspector.

The inspector reviewed the designated centres staff rosters. There was a full complement of staff as identified in the statement of purpose. There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the name, role and shift for each staff member. Warm, kind and fun interactions were observed between residents and staff/management. Staff were observed to be available to residents should they require any support and to make choices about what they wanted to do. For example, a resident was attending a music class in a nearby day centre on the day of the inspection. The staff would communicate with the day service regularly and receive a weekly timetable of classes available so the resident could decide which classes they would like to attend each week.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The person in charge was experienced, qualified and full-time in the role. They had a remit of two designated centres. The person in charge was present in the centre on a regular basis. They were familiar with the needs of the residents and knowledgeable about their backgrounds and their abilities. They were committed to their role and had good oversight of the centre, staff team and residents. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was a staff team in place as per the statement of purpose which ensured continuity of care. At the time of the inspection, unplanned and planned leave was being managed through regular relief staff and members of the staff team. Both residents were supported by two staff members during the day, including at night. During the inspection, staff were observed treating and speaking

with the residents in a dignified and caring manner.
Judgment: Compliant
Regulation 16: Training and staff development
<p>There were systems in place for the training and development of the staff team. From a review of the training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control and fire. Two staff were overdue training in positive behaviour support, this was due to be completed in February 2025.</p> <p>A staff supervision system was in place. The inspector reviewed the supervision records and found that some improvement was required to ensure all staff received supervision. At the time of the inspection ten staff worked in the designated centre, five of these staff had completed supervision. .</p>
Judgment: Substantially compliant
Regulation 19: Directory of residents
<p>The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider had complied with their regulatory responsibilities, a six-monthly unannounced audit had taken place in November 2024. The provider had a clear governance structure in place. The person in charge had ensured all audits were taking place. Action plans were in place for audits that had been completed. These audits contained action plans which were clearly recorded on action needed with a time line to complete. Where actions were completed progress notes were kept and once the action was completed it was signed off by the person in charge and documented as completed. One area identified was Wifi to be accessible in the whole centre, this had been completed. There were governance meetings taking place regularly, the person in charge attended fortnightly meetings with the person</p>

<p>participating in management via person in charge meetings/forums. The person in charge discussed the benefit of these for shared learning and training opportunities with other persons in charge, along with receiving support from the person participating in management. The registered provider had ensured staff had access to training and refresher training when required. The management of the centre were aware and discussed the annual review for the centre which would be taking place in the coming months.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The provider had ensured that a statement of purpose was in place for this centre. This statement of purpose had been reviewed and was present inside the centre. When reviewing the statement of purpose it was found that it contained all of the required information. This included details of the care and support needs the centre was intended to meet, the admission criteria, and the information in the centre's certificate of registration. The statement of purpose required an amendment to the person in charges whole the equivalent. This was completed on the day of the inspection and viewed by the inspector.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>Notifications were viewed on inspection and the inspector found that all incidents had been notified to the Health Information and Quality Authority (HIQA). The person in charge had a clear understanding of what there reporting responsibilities were.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>There was a clear complaints procedure which was available in an accessible version. Complaints were discussed at the residents' weekly meetings. However it was unclear if both residents understood or knew who to approach if they had a complaint as the meeting minutes recorded no for one resident when asked 'do you know how to make a complaint', while the other resident answered yes. This was consistent throughout a number of meetings that had taken place. There was no</p>

other documented evidence to suggest what support were in place to assist the resident. This will be reviewed under regulation 10.

There were no current open complaints in the designated centre. A record of complaints was available in the centre. One complaint had been received since the centre opened. The inspector noted that the complaint was resolved in a timely manner and resolved and the complainant's satisfaction was recorded.

Judgment: Compliant

Quality and safety

Residents were supported in various ways to have a meaningful day, and to make their own decisions and choices. There were activities available to residents, both in their home and in the different day services residents accessed. New opportunities were presented to them in accordance with their support needs. For example, one resident had a goal of joining the local community tidy town group. A resident had also started horse riding classes weekly in their community. Residents enjoyed going for walks, visiting local beaches and towns, going shopping, going to Zumba and music classes and baking.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Each resident had a personal emergency and evacuation plans in place (PEEP). Residents had completed four fire drill since they moved into their home. However, two of these drill required review to ensure the fire drill documents were being fully completed. Weekly fire checks were being completed, however this also required review as some gaps were present. This will be discussed under regulation 28.

The person in charge had ensured safe and suitable practices were in place relating to medicine management. However minor issues were identified with the recording of when bottled medicine had been first used/opened.

The person in charge and staff were well informed of residents' rights and ensured that care and support was provided in a manner which upheld residents' rights to autonomy, dignity, freedom and respect. The principles of human rights were reflected in residents' individual assessments, care plans and risk assessments. All staff had completed training in human rights'. The inspector reviewed the resident daily notes from 05/12/2024 and saw that these documents were written in a person-centred manner and reflected residents' individual preferences and the supports required to ensure that they received high quality care and support.

Overall, the inspector found that the residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge and staff team were making efforts to ensure the residents were happy, engaging in activities they enjoyed and striving to achieve the goals and

lifestyle desired by both resident.

Regulation 10: Communication

Residents were being supported to communicate. Documentation in residents care plans highlighted how each resident communicates and included details of the various ways in which residents communicated.

Resident had visual planners on display in the kitchen/dining area. The inspector was informed that the residents complete these by writing up notes of their plans for the week ahead or adding pictures to the display boards. The meals for the week ahead were displayed on the planner as well as other items such as days the residents would be doing their food shopping and activities planned.

Staff were very familiar with the ways in which each resident communicates. The person in charge and staff could describe the various signs that they might look out for which might indicate that a resident was distressed or had concerns.

As discussed in regulation 34, some improvement was required in how a resident was supported or communicated with to ensure if they understood or how they would be supported to make a complaint. It was unclear if both residents understood or knew who to approach if they had a complaint as the meeting minutes recorded no for one resident when asked 'do you know how to make a complaint'. While the other resident answered yes. There was no other documented evidence to suggest what supports were in place to assist the resident.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided with care and support in accordance with their assessed needs and had access to facilities for recreation and occupation. For example, residents were accessing a day services or joining in on classes in day services that they enjoyed.

Residents were also supported to engage in recreational opportunities of their choosing. For example, residents liked to go for walks, go shopping, out to local restaurants and coffee shops, visit beaches, swimming and horse riding.

One resident had visited Christmas markets and had an overnight stay with some friends of which it was reported that they enjoyed very much. Residents were also supported to maintain very regular contact with their families.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of a detached bungalow in a quiet location close to a village in Co. Cork. Well-maintained hedges/garden areas were provided to the front and side of the property which residents could avail of if they wished.

Ample private parking was available on the grounds of the property. The house was observed to be clean, spacious, warm and welcoming and residents living here had their own en suite bedroom.

Communal facilities included a large sitting room, a sun room, a kitchen come dining room and a utility facility. The property also had a garage area which provided a shed for storage, a kitchenette and toilet. This was seen to be clean and warm during the day of the inspection and provided an additional space if needed for the residents to access.

The property appeared very well maintained on the day of this inspection.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre and was reviewed by the inspector. The residents' guide contained all of the information as required by the regulations, including the procedure for making a complaint and how to access copies of inspection reports of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. The inspector reviewed the most recent updated register from January 2025. Residents had individual risk assessments in place. Risks had robust control measures in place to elevated from the identified risk.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, and emergency lighting/signage.

Staff also completed weekly fire checks. These checks documented that the centre had fire precautions in place and in working order, for example, exits were clear, fire doors in working order, lighting and fire extinguishers and the fire bag was in place. These checks required review to ensure they were being completed as records seen by the inspector on the day of the inspection commenced on the 05/11/2024 and continued to the 31/12/2024. One week's record was missing from December 2024 and no record was available for 2025.

Fire drills were being conducted as required. The designed centre had completed four fire drill since residents moved into the centre. These had been completed on 05/11/2024, 12/11/2024, 03/12/2024 and 31/12/2024. On review of these drills it was noted that the last two drills that took place in the centre had not fully recorded that drill. Both drills had not been signed, exit used/issues and learning was not identified/recorded. Each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

The person in charge discussed medicine management procedures, and on the reasons medicines were prescribed. Both resident had access to a pharmacist and a GP locally. Staff had received training in the safe administration of medication.

All medicines in the medicine storage provided were labelled while it was not indicated on some medicines bottles when they had been first used/opened, this required review.

Incidents records reviewed indicated that there had been no medicine errors since residents had moved into the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident based on a detailed assessment of needs, including a full social and medical history. Any support needs specific to the individual resident were clearly identified during this assessment process, including health care needs, communication needs and goal planning. The inspector view both care plans on the day of the inspection. Both plans had been reviewed since the residents had moved into the designated centre, they both contained transition plans for each resident.

Person-centred planning was conducted to involve residents in the review of their personal plans and identify goals for them. Documents reviewed indicated goals had been identified for both residents. However, minor review was required to ensure goals were being consistently documented. Goals identified included attending going to a panto, planning a trip, organising a spa day, visit the Christmas markets, visit a petting farm and joining tidy towns.

During the course of the inspection day, the person in charge had discussed verbally with the inspector various activities and trips the residents had enjoyed since moving into the centre. These included going to see a panto and an overnight stay visiting the Christmas markets. Goal review sheets were in place which staff could record a goal, outline steps to achieve this goal and record updates on progress to achieve the goal. The goal review sheet for some goals had no ongoing documented evidence of goals being achieved or recording ongoing progress to achieve a goal. For example, steps had been identified to support the resident to attend Christmas markets but no other documented recordings had been made, although the resident had completed this goal as the person in charge had discussed with the inspector how much the resident enjoyed this trip. No progress had been recorded to support a resident in their goal to participate in the community tidy towns, so it was unclear if this was taking place at the time of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support the provider had access to this. A resident had a positive behaviour support plan in place. This has been completed in July 2020.

The plan included, information about daily plans and routines, and described the meaning behind some of the behaviours that resident might present with. There were examples of behaviours or presentation that might indicate distress or upset, together with detailed guidance for staff as to how best to respond.

There was also information about situations which might trigger distress/upset for a resident, for example, in the plan it was identified that the resident may become distressed/upset during staff handover times. The reactive strategies included a clear description of the behaviour that the resident might present with, and gave clear instructions to staff on how to support the resident.

However the plan in place did require review, as the resident now lived in a new home and community, the positive behaviours support plan referenced situations that may trigger the resident that are no longer present in their new environment and home. For example, staff handover times and referenced the layout of the residents previous home. The person in charge also discussed with the inspector that such behaviours the resident presented with in their previous home had now decreased.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The person in charge described various ways in which they upheld the rights of residents, and supported them in making their own decisions and choices. For example, residents had a weekly activities planner displayed in the kitchen, along with a weekly menu planner. The staff supported the residents with this. Residents chose their own activities and meals weekly and were displayed on these planners. The person in charge discussed how these visual planners supported the residents with their activities for the day.

Residents were supported in trying new activities and experiences in their new home and community. A resident attended a panto in a nearby town. A resident plans on joining the local tidy towns. Other activities include swimming, bowling and foot massages, attending the local hairdressers and beauticians. A resident is now supported to to attend their day service four days a week, it was previously five days, as they wanted a day to relax in their home and enjoy a different activity in their community.

There were various examples of residents being supported to both make links with the community, and with family and friends. One of the residents is from the local community and now has family and friends close by. Another resident is supported regularly to visit their home town and family. Both residents have been supported to continue access to their day services prior to their move to North County Cork 6.

Overall residents were safeguarded form any risks associated with a restriction of rights, and were supported to make their own decisions and choices. Both residents' previous homes would have had a number of additional restrictions in place due to other residents required supports with whom they lived with. Most of these restrictions had now been elevated and residents had very minimal restrictions in place. These restrictions in place were seen to be reviewed regular.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for North County Cork 6 OSV-0008754

Inspection ID: MON-0043700

Date of inspection: 14/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To achieve compliance in regulation 16: Training and staff development, the following training will be completed:</p> <ul style="list-style-type: none">• Two staff had been scheduled to complete training in positive behaviour support on 4.02.2025. Training completed.• The PIC will ensure that each staff member is appropriately supervised and has a schedule of supervision in place to be completed by 31.03.2025	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>To ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes the following will be completed:</p> <ul style="list-style-type: none">• An easy read version of how to make a complaint has been discussed with the staff team and is now a point of discussion at the residential forum to ensure all residents are afforded the opportunity to make a complaint. To be completed by 28.02.2025• One resident is being supported by a Clinical Nurse Specialist in Communication to support the completion of a communication passport. This information will be shared with the staff team to support an effective communication pathway for the resident. To be completed 30.04.2025	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • To ensure that the designated centre has an effective fire safety management system in place a schedule of fire checks has been created. For effective governance and oversight the PIC will review quarterly. Completed on 24.01.2025 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The site-specific pharmacy protocol has been reviewed by the PIC to include dates when medication is opened and also dates when medication will expire. Completed by 29.02.2025 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, the review will consider changes in circumstances and new developments. An audit system is in place by the PIC.</p> <ul style="list-style-type: none"> • A staff engagement session regarding person centred planning goal setting in a stepped approach will be facilitated. To be completed by 31.05.2025 • Residents person centred goals will be reviewed to ensure a stepped S.M.A.R.T approach to goal setting, which will include evidence of progress records and goals achieved. Completed 31.01.2025 	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The residents through annual MDT or as required will be referred to therapeutic interventions with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.</p> <ul style="list-style-type: none"> • A CASS referral has been submitted to the Positive Behaviour Support Team to review a residents existing PBS plan. To be completed by 31.07.2025 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	30/04/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/01/2025
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	28/02/2025

	storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/01/2025
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/07/2025